



# *City of* **FORT LAUDERDALE**



## **2015 BENEFITS**





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City of FORT LAUDERDALE



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## IMPORTANT DATES

- October 20, 2014 - Open Enrollment Starts
- October 20 - November 7, 2014 - Worksite Meetings
- November 7, 2014 - Open Enrollment Deadline
- December 19, 2014 - Deadline to complete Biometrics Screenings/HRA
- January 1, 2015 - Effective Date of Elections



The City of Fort Lauderdale offers eligible employees a comprehensive benefits package which includes health, dental, vision, life insurance, Healthcare and Dependent Care Flex Spending Accounts, wellness initiatives, retirement plans and a variety of voluntary benefits. The information included in this Handbook is a general summary of available options and also serves to increase your awareness of policies and procedures. If any information in this Handbook conflicts with governing plan documents, certificates of coverage or state/federal laws, the provisions of the governing plan documents, certificates of coverage and state/federal laws will prevail.

Please also take the time to review the Benefits web page for Frequently Asked Questions (FAQs), Important Notices, plan certificates of coverage, available forms, any updates subsequent to printing this book and much more at **[www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits)** or on lauderlink from a City computer. You may also contact the plans directly to discuss your personal situation or attend a worksite insurance meeting during the open enrollment period. Please refer to page 4 for the Open Enrollment Worksite Meeting schedule.

## OPEN ENROLLMENT FOR 2015 PLAN YEAR BENEFITS

The benefits open enrollment period will start October 20, 2014 and end November 7, 2014. Any changes or enrollments submitted during this period will be effective January 1, 2015 with the exception of applications to enroll in or increase group term life insurance which are subject to approval by Unum Life Insurance. It will be a passive enrollment. This means you do not need to take any action unless you wish to:

1. Enroll in a new benefit plan or change existing plan elections (health, dental, vision, life or Gap Insurance)
2. Add dependents to coverage or delete ineligible dependents. You must submit proof of dependent eligibility for any dependents you wish to add during the open enrollment period. Please see page 18 for dependent eligibility criteria and documentation required.
3. Opt out of insurance
4. Enroll or re-enroll for a Healthcare and/or Dependent Care Flexible Spending Account (HFSA or DFSA)
5. Stop the \$25 biweekly surcharge for Tobacco Use since you have completed one of the City authorized Tobacco Cessation Programs. You will need to submit the Certificate of Completion to the Benefits Section of Risk Management Division, Human Resources no later than December 19, 2014. Those who submitted a Certificate of Completion for the 2014 Plan year are required to submit one for the 2015 Plan year to avoid the \$25 biweekly surcharge.

## BENEFITS STATEMENTS (MAILED TO YOUR HOME ADDRESS ALONG WITH THIS HANDOUT)...

It is important that you confirm the personal information on your benefits statement is correct and contact Benefits if there are any discrepancies.

A second personalized benefits statement will be sent to your home in December confirming any changes you made to your benefits during Open Enrollment and indicating your enrollment status as of January 1, 2015.





# 2015 OPEN ENROLLMENT WORKSITE MEETING SCHEDULE

City of FORT LAUDERDALE

DATES*	DEPARTMENT	MEETING TIMES (Vendor Questions)	LOCATION
Mon, October 20 <sup>th</sup>	CMS	7:30am-10:30am	4250 NW 10 <sup>th</sup> Avenue
Tues, October 21 <sup>st</sup>	GTL Mills Pond Park	6:30am-8:30am 10:00am-2:00pm	1765 SE 18 <sup>th</sup> St 2201 NW 9 <sup>th</sup> Ave
Wed, October 22 <sup>nd</sup>	City Hall	10:00am-2:00pm	100 N Andrews Ave 1 <sup>st</sup> Floor Chambers
Thurs, October 23 <sup>rd</sup> (BP out)	Fiveash	7:00am-9:00am	949 NW 38 <sup>th</sup> St Training Room
Fri, October 24 <sup>th</sup>	Parks & Recs Meter Shop	6:30am-9:30am 12:00pm-2:00pm	220 SW 14 <sup>th</sup> Ave, Training Room 4-B 4030 S State Road 7, Fort Lauderdale
Mon, October 27 <sup>th</sup>	Fire (C Shift)	8:00am-11:00am	Station 2-528 NW 2 <sup>nd</sup> St 1 <sup>st</sup> Floor Training Room
Tues, October 28 <sup>th</sup>	Fire (A Shift)	8:00am-11:00am	Station 2-528 NW 2 <sup>nd</sup> St 1 <sup>st</sup> Floor Training Room
Wed, October 29 <sup>th</sup>	Fire (B Shift)	8:00am-11:00am	Station 2-528 NW 2 <sup>nd</sup> St 1 <sup>st</sup> Floor Training Room
Thurs, October 30 <sup>th</sup>	City Hall Peele Dixie	10:00am-1:00pm 2:00pm-4:00pm	100 N Andrews Ave 8 <sup>st</sup> Floor Conference Room 1500 S State Road 7
Fri, October 31 <sup>st</sup>	Ocean Rescue PD	8:30am-9:15am 9:30am-11:30am	501 Sea Breeze Blvd 2 <sup>nd</sup> Floor Classroom Police Department
Mon, November 3 <sup>rd</sup>	DSD Fire (A Shift)	7:00am-11:00am 12:00pm-2:00pm	700 NW 19 <sup>th</sup> Ave Training Room Station 53 2200 Executive Airport Way
Tues, November 4 <sup>th</sup>	Ocean Rescue Fire(B Shift)	7:30am-8:15am 8:30am-11:30am 12:00pm-2:00pm	501 Sea Breeze Blvd Station 13-2871 E Sunrise Blvd Station 53 2200 Executive Airport Way
Wed, November 5 <sup>th</sup>	Fire (C Shift)	8:00am-11:00am 12:00pm-2:00pm	Station 13-2871 E Sunrise Blvd Station 53 2200 Executive Airport Way
Thurs, November 6 <sup>th</sup>	Fire (A Shift) GTL	8:00am-11:00am 1:30pm-3:30pm	Station 13-2871 E Sunrise Blvd 1765 SE 18 <sup>th</sup> Street
Fri, November 7 <sup>th</sup>	Sanitation	6:30am-9:30am	220 SW 14 <sup>th</sup> Ave Training Room 4-B



1. **Benefits Handbook** - In prior years, there were three group specific Benefits Handbooks. All three Benefits Handbooks have been combined with highlights of group-specific benefits. For example, fire fighters only dental option is a customized Humana Dental PPO and dental benefits are paid in full by the city for management employees.
2. **Paper Enrollment** - Employees will not use online Self-Service during this benefits open enrollment period. All new enrollments, re-enrollment for an FSA and changes must be submitted via a completed group specific enrollment/change form which was included with the 2015 open enrollment package recently mailed to your house.
3. **Variable Hour Employees** - As required under Health Care Reform's Affordable Care Act (ACA), variable hour employees (for example part-timers) who satisfied the requirements under the Act, will be eligible to participate in the Cigna health plans for 2015. Part-time employees eligible for 2015 benefits were notified.
4. **Rates** - Although every attempt was made to minimize increases in health premiums, the cost of health coverage continues to be impacted due to factors such as health inflation, direct consumer marketing of pharmaceuticals, and improvement in medical technology. You will notice an increase of approximately 3.5% in Cigna premiums (for employees and dependents) which is below increases experienced in the south Florida market. We believe the City Health and Wellness Center, along with the City's wellness initiatives, have played an integral role in increasing health awareness and subsequently control cost increases. Please refer to page 7 for 2015 group specific premium rates.
5. **Adult Child** - Employees who enroll an Adult child (age 26-30) in one of the Cigna plans for 2015, must contact Benefits to determine the total biweekly premium which will actually be payroll deducted. Please see page 18 for eligibility criteria.
6. **Surcharges** - The \$25 biweekly surcharges for Tobacco Use and failure to complete Biometric Screenings/HRA will be changed from pre-tax to post tax as of 1/1/15 and referred to as Tobacco Use Surcharge and Biometrics/HRA Surcharge.
7. **Prescription Copayments** - The Affordable Care Act requires that effective January 1, 2015, your coinsurance and copayments for prescriptions must be included in your annual out-of-pocket dollar maximum.
8. **Voluntary Benefits** - In early 2015, the City intends to conduct a competitive solicitation process to procure a Third Party Administration (TPA) for voluntary products effective January 1, 2016. With the exception of GAP insurance coverage, employees may not elect to enroll in any additional voluntary benefits (provided through Allstate, AFLAC, or U.S. Legal) for 2015. Payroll deductions for voluntary benefits will continue for those currently enrolled.

[Check benefits webpage for any changes subsequent to printing.](#)



## HEALTH AND WELLNESS CENTER (Operated by Marathon Health)

The City's commitment to wellness is evident by the Health and Wellness Center opened in 2013 for the use of employees and their dependents (ages 6+) enrolled in any of the three Cigna Health Plans- OAPIN1 (aka HMO1), OAPIN2 (aka HMO2) and Consumer Driven Health Plan (CDHP). Cigna Plan enrollees may receive professional services from the physician and nurse practitioner at no cost. In a few instances, you may be billed for any lab fees incurred by third party providers such as Quest or Lab Corp. The Center stocks a supply of 30-40 prescription medications that the medical staff may dispense at no cost (if indicated) as part of health care they provide. The Health and Wellness Center is not a pharmacy and cannot fill prescriptions written by another physician. Care/ Services provided include:

- **Acute Care** – common illnesses and minor injuries
- **Lab & Medication Dispensing** – blood draws, lab tests and medications for conditions treated at the Center
- **Assessments** – physicals including those required for school purposes
- **Coaching** – for personal health issues or concerns
- **Disease Management** – for conditions such as diabetes, heart problems and high blood pressure
- **Free Biometric Screenings**

To schedule appointments for the Health and Wellness Center (105 NE 3rd Street) call 754-206-2420 or go online at [www.marathon-health.com/myphr](http://www.marathon-health.com/myphr). The Center hours are weekdays and it is closed on holidays, weekends and from 1 to 2 pm daily for lunch.

- 7 am – 4 pm (Monday, Tuesday, Wednesday, Friday)
- 9 am – 6 pm on Thursdays

The Health and Wellness Center follows the same rules and privacy regulations that protect your privacy at your personal physician, a hospital or other health provider. In fact, the privacy of your personal health information is protected by the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. The Health and Wellness Center or your personal physician may conduct these biometric screenings and review the data on a personal and confidential basis directly with you to develop an action plan to improve your health. The City has engaged Broward Health to provide worksite biometric screenings during November. Look out for the dates, times and locations of these worksite screenings if you have not already completed.

## WELLNESS INITIATIVES

**Biometric Screenings and Health Risk Assessment (HRA)** - Employees participating in the City's health plans must complete a biometrics and HRA from March 2014 through December 19, 2014 to avoid being charged a post-tax \$25 biweekly Biometrics/HRA surcharge starting with the first paycheck in January 2015. The post-tax surcharge will continue until the requirements are completed. New hires have 60 days from hire date to complete the screenings/HRA.

**Tobacco Use** - Employees who are currently paying the \$25 biweekly surcharge for tobacco use or those who submitted a Certificate of Completion for the 2014 Plan year will need to provide Benefits, no later than December 19, 2014, with a Certificate of Completion from a City Authorized 6-week Tobacco Cessation program or they will continue/be charged until the Certificate of Completion is provided. New hires have 60 days from their hire date to submit the Affidavit of Non Tobacco Usage or complete a City authorized Tobacco

use Cessation Program. The City's authorized Tobacco Cessation programs are:

- One-on-one or group programs through the City's Health and Wellness Center: 754-206-2420
- Online/phone program through Cigna: Register online at [www.mycigna.com](http://www.mycigna.com) or you may call 866-417-7848.
- Quit with AHEC at [www.ahectobacco.com/calendar](http://www.ahectobacco.com/calendar)
- Broward Health program at 954-759-7400.



## ONE CIGNA NETWORK OF PROVIDERS FOR EVERYONE - OPENACCESSPLUS

- **OpenAccessPlus** is the same CIGNA network to be used for Cigna OAPIN1 (also known as HMO1), OAPIN2 (also known as HMO2) and the Consumer-Driven Health Plan (CDHP)
- **Check Out OpenAccessPlus** for participating doctors, hospitals and other providers by calling 1-800-244-6224 or going to [www.myCIGNA.com](http://www.myCIGNA.com)

## 2015 BI-WEEKLY GROUP-SPECIFIC HEALTH PLAN CONTRIBUTIONS

Notes: The City's contribution for health coverage varies according to groups. Please review the group specific biweekly employee premium rates.

GROUP	EMPLOYEE CONTRIBUTION RATES		
	OAPIN1 (HMO1)	OAPIN2 (HMO2)	CDHP
<b>Management, Confidential, Supervisory, Professional</b>			
Employee	\$89.55	\$69.29	\$37.31
Employee & Spouse/DP*	\$183.36	\$140.72	\$76.76
Employee & Child	\$121.53	\$92.75	\$51.17
Employee & Children	\$165.24	\$126.86	\$69.29
Family	\$254.79	\$195.09	\$106.61
Adult Child (contact Benefits for rates)			
<b>Teamsters</b>			
Employee	\$102.34	\$81.02	\$49.04
Employee & Spouse/DP*	\$207.88	\$166.30	\$100.21
Employee & Child	\$137.52	\$109.80	\$66.10
Employee & Children	\$187.62	\$149.25	\$90.61
Family	\$288.90	\$231.33	\$136.45
Adult Child (contact Benefits for rates)			
<b>Fire / IAFF</b>			
Employee	\$125.79	\$104.47	\$72.49
Employee & Spouse/DP*	\$256.92	\$214.28	\$148.18
Employee & Child	\$169.50	\$141.78	\$97.01
Employee & Children	\$231.33	\$192.96	\$133.26
Family	\$357.13	\$297.43	\$205.75
Adult Child (contact Benefits for rates)			

\* Domestic Partner (DP)

## 2015 BI-WEEKLY GAP EMPLOYEE CONTRIBUTIONS

HMO1 & HMO2			
\$1250 Outpatient \$2500 Inpatient	< Age 40	40-49	50+
Employee	\$12.24	\$16.63	\$27.76
Employee & Spouse/DP	\$ 22.04	\$29.95	\$49.95
Employee & Child(ren)	\$ 27.08	\$30.65	\$44.99
Family	\$ 36.86	\$43.95	\$67.17

CDHP			
\$2000 Outpatient \$4000 Inpatient	< Age 40	40-49	50+
Employee	\$16.83	\$23.04	\$37.67
Employee & Spouse/DP	\$30.31	\$41.48	\$67.79
Employee & Child(ren)	\$37.33	\$42.52	\$61.14
Family	\$50.80	\$60.93	\$91.24



# HEALTH CARE

CIGNA GROUP # 3335139

City of FORT LAUDERDALE

2015 Health Plan Coverages	2015 OAPIN1 (HMO1) You Pay	2015 OAPIN2 (HMO2) You Pay	2015 Consumer-Driven Health Plan (CDHP)	
			In Network	**Out of Network
HRA	n/a	n/a	\$750=EE; \$1,000=EE+1; \$1,500=EE + 2 or more	
Deductible	No Deductible	\$1,000=EE \$2,000=EE+1 \$3,000=EE+Family	\$2,000=EE; \$3,000=EE+1 \$4,000=EE + 2 or more	
Coinsurance	n/a	n/a	Plan pays 90%	Plan pays 70%
Your Out-of-Pocket Max	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2+; or more	\$6,350=EE \$10,000=EE+1; \$12,700=EE+2+; or more	\$5,000=EE; \$7,000=EE+1; \$10,000=EE+2 or more (Includes Calendar Year Deductible & Coinsurance)	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Preventative Services	No Charge	No Charge	No Charge	Not Covered
Primary Care Physician	\$40	\$40	Subject to Calendar Year Deductible & HRA Applies	
Specialist Physician	\$60	\$60		
Maternity	\$60	\$60		
Hospital	\$500/day,\$2500 Max	Deductible then 20%		
Outpatient Surgery	\$500	Deductible then 20%		
Outpatient Diagnostics (X-rays Ultrasound, etc)	10%	10%		
Outpatient Diagnostics (CAT & PET scans, MRI)	\$200 per test	\$200 per test		
Routine Lab	10%	10%		
Emergency Room	\$200	\$200		
Urgent Care	\$60	\$60		
Mental Health (outpatient)	\$40	\$40		
Mental Health (inpatient)	\$500 per day for first 5 days	Deductible then 20%		
Allergy Treatments – Skin testing	\$50 per course of testing	\$50 per course of testing		
Allergy Treatments – Injections	\$10	\$10		
Ambulance	no charge	\$100 copay		
Prescription Drugs Pharmacy, 30 day supply	\$20 generic \$40 preferred \$60 non-preferred	\$20 generic \$40 preferred \$60 non-preferred	Subject to Calendar Year Deductible & Coinsurance Of 30% generic; 40% preferred; 60% non-preferred brand	
Prescription Drugs Mail Order, 90 day supply	\$40 generic \$80 preferred \$120 non-preferred	\$40 generic \$80 preferred \$120 non-preferred		
Rx for Chronic Conditions & Preventative	Generic Rx provided - waiving copays	Generic Rx provided - waiving copays	Generic Rx provided - waiving copays	
Vision	(only medical conditions)	(only medical conditions)	(only medical conditions)	

\*Interested members can purchase a 'GAP insurance' policy with Allstate which will cover some out-of-pocket expenses.

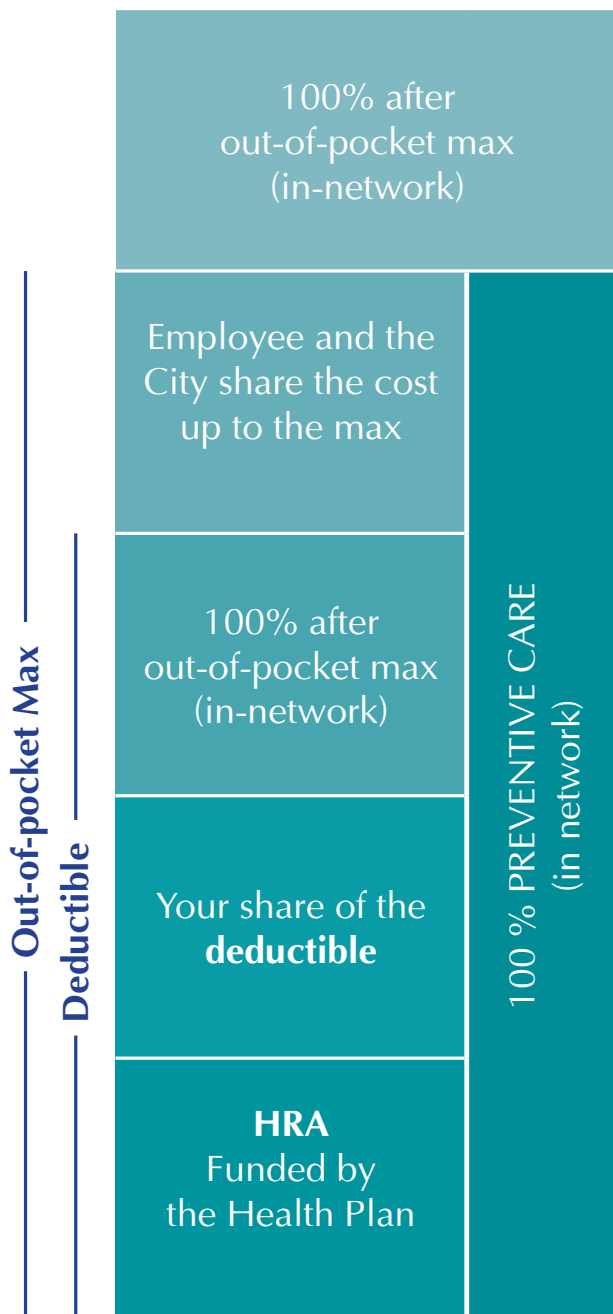
- HMO Plans - \$1,250 out-patient and \$2,500 in-patient coverage (does not include doctor's office visits or prescriptions)
- CDHP Plans - \$2,000 out-patient and \$4,000 in-patient coverage (does not include doctor's office visits or prescriptions)

\*\* Cigna's reimbursement is based on Usual Customary and Reasonable (UCR) Charges. You may be balance billed for charges in excess of Cigna's UCR charges.





## CDHP EXAMPLE



**Maximum Out-of-Pocket...** Participants have an out-of-pocket maximum for their eligible in-network health expenses depending on their tier of coverage. You may be billed for charges in excess of CIGNA's usual customary and reasonable charges if you use out-of-network providers.

**Employee = \$5,000**  
**Employee + 1 = \$7,000**  
**Family = \$10,000**

**Coinsurance...** Once the annual deductible is reached the participant is responsible for a small percentage of eligible in-network charges while the City pays the rest.

**Employee pays 10% in network or 30% out of network**  
**City pays 90% in network or 70% out of network**

**Deductible...** After the money in the HRA is used up, the participant pays for all expenses up to their individual annual deductible.

**Employee - \$2,000 (\$1,250 after \$750 HRA)**  
**Employee + 1 = \$3,000 (\$2,000 after \$1,000 HRA)**  
**Family = \$4,000 (\$2,500 after \$1,500 HRA)**

**HRA...** The concept behind the Consumer-Driven Health Plan is that the plan provides each participant (up to family maximum) with a Health Reimbursement Account (HRA) that pays 100% of eligible health and RX expenses. The HRA fund is determined by your tier of coverage. **If the funds in the HRA are not used they will be rolled over into the next year's HRA fund. The separate HRA for an enrolled Adult child is the same amount as funded for an employee enrolled in the CDHP for self only.**

**Employee - \$750**  
**Employee + 1 = \$1,000**  
**Family = \$1,500**



## HRA EXAMPLES

### Meet the Smiths: A family of 5

The Smiths are an active family of 5. All family members get their yearly wellness exams. Mrs. Smith has high cholesterol which requires her to take prescription medication daily. She also suffers from severe low back pain and sees her chiropractor regularly. The Smiths are enrolled in family coverage with \$1,500 in their HRA.

Service	Discounted Provider Charge	The Smiths' HRA Account \$1,500	The Smiths' Responsibility
5 Annual Preventive Exams	Plan pays direct	\$0	\$0
6 Chiropractic Visits	\$510	-\$510	\$0
2 Urgent Care Visits	\$260	-\$260	\$0
2 Primary Doctor Visits	\$124	-\$124	\$0
Cholesterol Rx	\$252	-\$252	\$0
Year-End Balance	\$1,146	\$354	\$0

### Meet the Davidsons: Married couple, late 50s

Mr. Davidson was in a severe auto accident. As a result, he was hospitalized and his recovery consisted of rehabilitation and many visits to specialists. The Davidsons are enrolled in the Employee + 1 with \$1,000 in their HRA account.

Service	Discounted Provider Charge	The Davidsons' HRA Account	The Davidsons' Responsibility
2 Annual preventive Exams	Plan pays direct	\$0	\$0
Hospitalization	\$25,000	-\$1,000	-\$2,000 remaining deductible -\$2,200 (10% coinsurance on \$22,000 hospital)
2 Radiology Visits	\$2,500	\$0	-\$4,200 -\$250 (10% coinsurance)
20 Rehabilitation Visits	\$2,500	\$0	-\$250
Year-End Balance	\$32,500	\$0	-\$4,700



## VOLUNTARY VISION PLAN (EYE EXAMS, EYEGLASSES & CONTACTS)

The Vision Plan is a voluntary standalone benefit. Broader vision coverages are provided by UnitedHealthcare for all employees and their dependents at a lower cost. It also offers a larger network of national and independent vision providers and even provide substantial savings on hearing aids.

### United Healthcare Vision Coverage Biweekly Premium

- Employee ..... \$2.29
- Employee + one ..... \$4.38
- Employee + Child(ren)..... \$4.64
- Employee + Family..... \$7.18

### In-Network Benefit Summary (visit [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) for more details)

1. Once every 12 months employees are able to get a comprehensive exam, spectacle lenses, and contact lenses in lieu of eye glasses. Once every 24 months they are able to get frames.
2. \$130 retail frame allowance for private practice or retail chain providers.
3. Standard scratch resistant coating-covered in full. Other optional lens upgrades may be offered at a discount (discounts varies by provider)
4. Contact lens benefit: Elective contact lenses: The fitting/evaluation fees, contact lenses, and up to two follow up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider. A \$105 allowance is applied towards the fitting/evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply).

	In-Network copays	Out of network Reimbursements (copays do not apply)
Exam	\$10	\$40
Frames and one of the following:	\$25	\$45
-Single Vision lenses		\$40
-Bifocal Lenses		\$60
-Trifocal Lenses		\$80
-Lenticular Lenses		\$80
Elective contact in lieu of eye glasses	\$105 allowance	\$105
Necessary contact in lieu of eye glasses	\$25 (then covered in full)	\$210



# DENTAL CARE

HUMANA GROUP # 573978

City of FORT LAUDERDALE

## DENTAL CARE

**DENTAL** - Humana will mail new plan participants dental cards before January 1, 2015. Resin Composite (white fillings) is covered for all teeth. Oral cancer screenings are covered for members 40 and older while biopsies of oral tissues (hard and soft) are covered for all members once a year.

### For benefits eligible employees other than IAFF

The City offers two dental plan choices – DHMO and DPPO, through dentists contracted under the City's group dental plan. Go to **www.humanadental.com** and select Humana for DHMO (HS195) or PPO (Traditional Preferred) for DPPO.

CONFIDENTIAL	BIWEEKLY DENTAL	
	HUMANA DHMO	HUMANA DPPO
EMPL ONLY	\$ 3.51	\$ 11.02
EMPL & SPOUSE/DP	\$ 6.15	\$ 20.65
EMPL & CHILD(REN)	\$ 7.38	\$ 21.22
FAMILY	\$ 10.33	\$ 26.75

MGMT-PROF-SUPV	BIWEEKLY DENTAL	
	HUMANA DHMO	HUMANA DPPO
EMPL ONLY	\$ 0.00	\$ 0.00
EMPL & SPOUSE/DP	\$ 0.00	\$ 0.00
EMPL & CHILD(REN)	\$ 0.00	\$ 0.00
FAMILY	\$ 0.00	\$ 0.00

TEAMSTERS	BIWEEKLY DENTAL	
	HUMANA DHMO	HUMANA DPPO
EMPL ONLY	\$ 7.02	\$ 22.04
EMPL & SPOUSE/DP	\$ 12.29	\$ 41.29
EMPL & CHILD(REN)	\$ 14.75	\$ 42.45
FAMILY	\$ 20.67	\$ 53.51

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL HMO	No Maximum	\$0 copayments	Refer to Plan Copayments	Refer to Plan Copayments	Refer to Plan Copayments
	<b>IMPORTANT:</b> DHMO participants must select a primary care dentist • Go to <b>www.humanadental.com</b>				
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	100% (no deductibles)*	60% (no deductibles)*	60% (no deductibles) \$2,500 lifetime maximum

This is a very brief summary of the dental plan offered by the City of Fort Lauderdale. For further information, please refer to the Humana plan documents at [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits), visit an open enrollment worksite meeting or contact Humana directly.

\*Please note if a non-network PPO dentist is used, there will be a \$100 deductible and 60% coverage for Basic & Major Services. Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan. Visit Humanadental.com to check out participating dentists.

### Humana DPPO Plan offered to Firefighters only

(Non-participating dentists may bill you for charges above the amount covered by your Humana Dental Plan). Visit Humanadental.com to check out participating dentists. Humana will mail dental cards for new plan participants before January 1, 2015.

IAFF/FIRE	BIWEEKLY DENTAL
	HUMANA DPPO
EMPL ONLY	\$ 2.47
EMPL & SPOUSE/DP	\$ 5.04
EMPL & CHILD(REN)	\$ 4.98
FAMILY	\$ 8.51

PLAN FEATURES	Participant Maximum	Preventive Services Exam, cleaning, fluoride, x-rays, sealants	Basic Services Fillings, periodontics, endodontics	Major Services Crowns, bridges, dentures	Orthodontia Up to 24 month treatment, children or adult braces
DENTAL PPO	\$1,500 Maximum/year	100% (no deductibles)	80% (after \$100 deductibles)*	50% (after \$100 deductibles)*	50% (no deductibles) \$1,500 lifetime maximum





## TERM LIFE INSURANCE FOR THE FAMILY

Because life insurance should be part of every employee's benefit package, the City provides various life insurance options depending on your individual needs. The City provides and pays for \$10,000 of life insurance for Management, Confidential, Professional, and Supervisory employees.

**GROUP TERM INSURANCE (Unum)** - Newly eligible employees (for example new hires) may purchase life insurance coverage, without evidence of insurability) to the lesser of three times (3x) salary or \$250,000, at the rates indicated below (for their age bracket). Newly eligible employees may apply for life insurance coverage of up to five times (5x) salary not to exceed \$500,000. All coverage in excess of the lesser of 3 x salary or \$250,000 is subject to evidence of insurability.

Employees who apply for life insurance during the annual open enrollment must complete a Unum evidence of insurability (EOI) form subject to medical approval. The completed EOI form must be submitted directly to Unum following the instructions on the form. You must also complete a life insurance beneficiary designation form and submit to Benefits. Please visit the Benefits web page to download required forms. You may elect to take this coverage with you when you terminate your City employment.

## BI-WEEKLY VOLUNTARY TERM LIFE RATES BELOW

Optional Unum term life insurance automatically includes Accidental Death & Dismemberment (AD&D). If you die from natural causes your beneficiary receives the term amount, but if you die as a result of an accident your beneficiary will receive term plus AD&D (same as term amount).

**Up To the lesser of 3 Times Salary or \$250k guaranteed issue (for newly eligible employees) and up to the lesser of 5 Times Salary or \$500k with EOI. Life Insurance coverage reduces to 65% of coverage beginning at age 70. Premium will be adjusted to reflect the reduced coverage.**

AGE	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
<30	\$ .48	\$1.29	\$2.91	\$4.52	\$6.14	\$7.75	\$9.37	\$10.98	\$12.60	\$14.22	\$15.83
30-34	\$ .55	\$1.48	\$3.32	\$5.17	\$7.02	\$8.86	\$10.71	\$12.55	\$14.40	\$16.25	\$18.09
35-39	\$ .55	\$1.48	\$3.32	\$5.17	\$7.02	\$8.86	\$10.71	\$12.55	\$14.40	\$16.25	\$18.09
40-44	\$ .76	\$2.03	\$4.57	\$7.11	\$9.65	\$12.18	\$14.72	\$17.26	\$19.80	\$22.34	\$24.88
45-49	\$1.25	\$3.32	\$7.48	\$11.63	\$15.78	\$19.94	\$24.09	\$28.25	\$32.40	\$36.55	\$40.71
50-54	\$1.87	\$4.98	\$11.22	\$17.45	\$23.68	\$29.91	\$36.14	\$42.37	\$48.60	\$54.83	\$61.06
55-59	\$2.84	\$7.57	\$17.03	\$26.49	\$35.95	\$45.42	\$54.88	\$64.34	\$73.80	\$83.26	\$92.72
60-64	\$3.32	\$8.86	\$19.94	\$31.02	\$42.09	\$53.17	\$64.25	\$75.32	\$86.40	\$97.48	\$108.55
65-69	\$6.02	\$16.06	\$36.14	\$56.22	\$76.29	\$96.37	\$116.45	\$136.52	\$156.60	\$176.68	\$196.75
70-74	\$9.83	\$26.22	\$58.98	\$91.75	\$124.52	\$157.29	\$190.06	\$222.83	\$255.60	\$288.37	\$321.14

**SPOUSE COVERAGES** – Are available in \$5,000 increments as long as the employee is covered. Spouse coverage cannot exceed half of the employee's coverage. Spouse rates are the same as employee rates and spouse rates are based on the employee's age. The employee must be enrolled in term life insurance to select spouse coverage.

**CHILDREN COVERAGES** – Children can get \$10,000 of coverage through age 19 for a biweekly rate of \$0.23 (covers all children at one price); and through age 26 if they are a full-time student. The employee must be enrolled for life insurance coverage to select children coverage.

## BENEFICIARY DESIGNATIONS

You are encouraged to update your life insurance beneficiaries, when you experience a change in family status such as marriage, death, divorce etc. You may change your beneficiaries at any time by downloading a life insurance beneficiary designation form from the benefits web page and submitting the updated beneficiary designation to Benefits.



# TAX SAVINGS ACCOUNTS

City of FORT LAUDERDALE

## FLEXIBLE SAVINGS ACCOUNTS (FSAs)

The City offers employees both a Health FSA and a Dependent Care FSA. You may contribute to either account or to both. These Internal revenue Code (IRC)-approved accounts allow you to pay out-of-pocket health expenses and dependent care expenses without paying taxes, saving you at least 22% in taxes. Be careful not to over-budget because if you don't use all the funds in these accounts, the Internal Revenue Code (IRC) forces you to forfeit the unused monies after the grace period which expires March 15, 2016 for plan year 2015. A tax savings calculator, examples of covered expenses, and other educational materials are available online at [www.padmin.com](http://www.padmin.com)

**HEALTH FLEXIBLE SPENDING ACCOUNT (FSA up to \$2,500 annually)** - Most out-of-pocket health, dental and vision expenses may be paid on a pre-tax basis through a Health FSA. These are set up each calendar year during your Open Enrollment and you can access the total annual "projected" account as soon as you incur the expenses, either by using your P&A "debit" card or submitting itemized receipts for reimbursements. IRC regulations do not allow more than \$2,500 annually. If you are enrolled for the Cigna Consumer Driven Health Plan you must exhaust the HRA before using the Health FSA for eligible out-of-pocket health expenses.

Generally, any deductibles, copays, or provider charges over the contracted allowances that you are responsible for under your health, dental and vision plans may be reimbursed through FSA. Make sure you have confirmed that your planned expenses will be covered since some expenses such as cosmetic procedures and over-the counter drugs without a prescription (Federal regulations) are not covered.

**DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA up to \$5,000 annually)** - A separate pre-tax account can be set up for daycare expenses. In the Dependent Care FSA you must have built up the necessary funds before the qualifying expenditures will be paid:

- Daycare costs for children under age 13, disabled children, disabled spouses and disabled parents/grandparents who are your legal dependents
- Daycare or nursery schools are eligible providers but must claim income on tax returns Once the child attends regular school – before or after school care is eligible up to the age of 13
- Custodial care for qualified dependents who regularly spend at least 8 hours per day in your home
- IRS regulations do not allow contributions of more than \$5,000 annually per household.

**REIMBURSING CLAIMS** - If you enroll for either FSA, P&A will provide you with a debit card. You may either pay for eligible expenses with your P&A "debit" card or, once you incur expenses for either account, you submit itemized receipts to P&A via mail, facsimile, mobile upload or computer upload. You may also enroll in direct deposit, free of charge

## IMPORTANT NOTES

- You cannot transfer funds from the Health FSA to the Dependent FSA or vice versa.
- Domestic partners who are not your tax dependents are not eligible for reimbursement of expenses.
- Expenses reimbursed under either FSA may not be deducted for IRS income tax purposes.
- If documentation of qualified expenses are not provided to P&A; if requested, the amount may be recharacterized as income and subject to taxes.
- Use the Worksheet on the following page to estimate expenses.



## FLEXIBLE BENEFITS WORKSHEET

## HEALTH EXPENSE REIMBURSEMENT ACCOUNT (HEALTH, DENTAL, VISION EXPENSES)

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Example – eyeglasses	\$400.00	\$400.00
Health Insurance Deductible(s)		
Co-Insurance and Co-Pays		
Vision Care (contacts, glasses, etc.)		
Prescriptions		
Medical Appliances (wheelchairs, crutches)		
Dental Exams and Cleanings, X-Rays, etc.		
Braces and Retainers, Fillings, etc.		
(This amount would be calculated as your estimated annual election for this account)		GRAND TOTAL: \$

\$ \_\_\_\_\_ ANNUAL ELECTION

## DEPENDENT CARE ASSISTANCE ACCOUNT

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Babysitters, Daycare Centers, Nursery School		
After School Programs, Day Camp		
Elder Care		
(This amount would be calculated as your estimated annual election for this account)		GRAND TOTAL: \$

\$ \_\_\_\_\_ ANNUAL ELECTION

## INDIVIDUAL PREMIUM REIMBURSEMENT ACCOUNT

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Individual Disability Premium		
Individual Dental/Vision/Accident Premium		
(This amount would be calculated as your estimated annual election for this account)		GRAND TOTAL: \$

\$ \_\_\_\_\_ ANNUAL ELECTION

## ADOPTION EXPENSES

EXPENSE CATEGORY	ESTIMATION OF ANNUAL EXPENSE	CUMULATIVE TOTAL
Court Costs, Attorney's Fees		
Travel Expenses		
(This amount would be calculated as your estimated annual election for this account)		GRAND TOTAL: \$

\$ \_\_\_\_\_ ANNUAL ELECTION

TOTAL OF ALL ANNUAL ELECTIONS \_\_\_\_\_ DIVIDED BY PAYROLL CYCLE = \$ \_\_\_\_\_ /PER PAY

If you are unsure if an expense is eligible for reimbursement, please call P&amp;A's customer service team at (800) 688-2611



# TAX SAVINGS ACCOUNTS

City of FORT LAUDERDALE

## WITH 457(B) DEFERRED COMPENSATION

The 457 (b) deferred compensation program is tax-deferred and may be used to supplement your defined contribution or defined benefit plan, and social security benefits during retirement. The City offers two deferred compensation plan providers- ICMA-RC and Nationwide Retirement Solutions. Contributions to the plans lower your current year taxes and all income. All income taxes are deferred until you withdraw or receive a distribution after separation from service. You may contribute to either or both providers. Both ICMA-RC and Nationwide offer a wide selection of investment options ranging from conservative to aggressive. Neither ICMA-RC nor Nationwide provides tax advice.

### Deferred Compensation Features

- If you experience an unforeseeable emergency, you may be able to withdraw funds from your account as permitted by Internal Revenue Code Section.
- The plan allows participants to apply for loans of up to 50% of their account balance, not to exceed \$50,000.
- They do not include a 10% tax penalty for early distributions/withdrawals upon separation of employment prior to age 59 ½ as is typical in 401(a) plans.
- Upon separation from employment, you may keep the funds invested in the accounts or rollover to another tax qualified retirement plan. You are required to begin receiving Minimum Distributions the later of April 1 of the calendar year in which you turn 70 ½ or April 1 of the year in which you retire (if 70 ½).

### 457 (b) Maximum tax year contributions (as of printing) - up to:

- \$17,500 normal limit
- \$23,000 if age 50 or over as year-end
- \$35,000 if you qualify for pre-retirement catch-up contributions

### ICMA-RC - Benefits that Go Together

A Roth IRA and 457 deferred compensation plan go together – use both to reach your savings goals with added tax benefits and flexibility.

- **For different savings goals** - additional retirement income, health care, a home purchase, college education, emergencies.
- **For different tax benefits** - you can get a tax benefit now when you contribute to your 457 plan and a tax benefit later when you withdraw from your Roth IRA. And if you retire early, you can withdraw from your 457 plan without penalties.

## MATCH YOUR ICMA-RC ROTH IRA WITH YOUR 457 PLAN ICMA-RC Roth IRA

**Tax-free withdrawals - distributions, including earnings, are tax and penalty-free if you have:**

- owned a Roth IRA for at least five years, as defined by the IRS; and
- a qualifying event, such as age 59½, a “first-time” home purchase, disability or death.

Otherwise, income and penalty taxes may apply to the withdrawal of earnings. But contributions can be withdrawn at any time without taxes or penalties.

And there are no IRS required minimum distributions, so loved ones can receive money you don’t need tax free.

### Maximum annual Roth contributions:

Up to \$5,500, or \$6,500 if age 50 or over as of the current year-end and if your IRS Modified Adjusted Gross Income is less than:

- \$114,000 for Individual filers (\$114,000- \$129,000 to make partial contributions)
- \$181,000 for Married joint filers (\$181,000- \$191,000 to make partial contributions)

## LEARN MORE

**IRA:** [www.icmarc.org/ira](http://www.icmarc.org/ira)

**457 plan:** [www.icmarc.org/457](http://www.icmarc.org/457)

**Contact your ICMA-RC representative at** [yflores@icmarc.org](mailto:yflores@icmarc.org)

## NATIONWIDE RETIREMENT SOLUTIONS

Nationwide 457 Deferred Compensation: Your employer realizes that a pension and Social Security may not provide enough income to live on when you retire. That’s why they offer a supplemental retirement savings plan called a 457 deferred compensation plan (or deferred comp). There are many benefits to deferred comp and it puts you in control of when, where and how much you invest. Pre-tax contributions, tax deferred growth and compounding interest are among the benefits of contributing to your deferred comp plan. Best yet, it was created specifically for public sector employees like you, so your needs are already in mind. You may contact your Nationwide Retirements Solutions representative at [pinzona@nationwide.com](mailto:pinzona@nationwide.com).

**Nationwide also offers a Roth IRA**





## VOLUNTARY BENEFITS

Current employees enrolled for voluntary benefits through AFLAC, Allstate, and U.S. Legal Services may obtain information by contacting Gregg Gurdak at 954-646-8039 or by emailing [ggurdak@gfinancialgroup.net](mailto:ggurdak@gfinancialgroup.net). No new enrollees will be accepted for 2015 for AFLAC, Allstate (except GAP) or U.S. Legal.

**GAP INSURANCE** – Participants in the City's three plans, (HMO1, HMO2, CDHP) may purchase a GAP insurance policy which will cover HMO participants with up to \$1,250 for out-patient and \$2,500 in-patient hospital services and CDHP participants with up to \$4,000 for in-patient services and up to \$2,000 for out-patient services.

**SHORT-TERM DISABILITY** (Covers off the job injury) – Pays benefits to help replace your income if you are unable to work due to a covered sickness or injury.

**CANCER** – Provides benefits to help address the first occurrence of cancer with a lump sum payment along with coverage of a myriad of costs associated with hospital confinement, tests, treatment, surgery, and other services.

**ACCIDENT (Covers on and off the job accidents)** – Provides benefits to help with the expenses associated with an accident such as emergency room treatment, ambulance transportation, hospitalization, and more.

**HOSPITAL COVERAGES** – Provides hospital intensive care coverage for sickness and injury and provides specific health event coverage for critical illness. Benefits are paid based on the services, treatment and hospital stays.

**CRITICAL ILLNESS COVERAGE** – Provides payouts for critical illnesses covering heart attacks, strokes, renal failure and major organ transplants.

**LEGAL PLAN COVERAGE** – Provides participants with legal services from local lawyers including counsel on wills, simple divorces, traffic violations and many other legal matters for the participant and their family members.

### PERMANENT LIFE INSURANCE (ALLSTATE)

Permanent coverages you have while employed and you may take with you when you leave the City:

- Up to \$100,000 each for you and spouse and \$10,000 for each child (to age 19) with limited medical questions asked.
- A fixed premium which will not change over time.

**FLORIDA PRE-PAID COLLEGE TUITION** - allows you to save for your dependent's college education through payroll deductions. You may obtain more information on the program by calling 1-800-552-4723 or at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com).

**LOANS-AT-WORK** - A voluntary loan program will provide City employees with the opportunity to apply for unsecured loans for healthcare expenses or any other need up to \$5,000 (capped at 20% of net take-home pay) to be repaid through payroll deductions. The Employee Access Code for Fort Lauderdale employees is Fort2013.



# FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

## WHO ARE ELIGIBLE TO PARTICIPATE IN GROUP COVERAGE?\*

### EMPLOYEES

- Full-time employees are eligible to participate in all group benefits. Variable hour employees such as part-timers who satisfy the criteria under the Affordable Care Act, are eligible to participate in any of the City's health plans for the 2015 plan year.
- New hires are eligible for benefits the first day of the month following their hire date. Coverage is effective the first day of the month following receipt of the completed enrollment paperwork by Benefits. The completed paperwork must be received no later than 30 days from hire date for selected benefits to be effective (must be actively working for life insurance to be effective). The required forms may be downloaded from the Forms section of the Benefits web page or you may contact the Benefits Section at 954-828-5160, if you do not have access to a computer. Documentation to support dependent status must be provided for all dependents to be enrolled.
- Police employees represented by the Fraternal Order of Police (FOP) are eligible for health, dental and vision benefits through the FOP ONLY and may participate in City's life, Healthcare and Dependent Care Flex Spending Accounts and voluntary benefits. No new enrollments for Voluntary Benefits through Allstate (except GAP), AFLAC, and U.S. Legal will be accepted for 2015.
- Temp full-time Employees are eligible for the same group benefits as full-time employees.

### DEPENDENTS

#### Who are my Eligible Dependents and what documentation is required as proof of eligibility?

If you enroll for health, dental, vision or GAP insurance you may also enroll your eligible dependents identified below. The type of documentation acceptable, as proof of dependent eligibility, is identified in parenthesis. Documentation must be provided at the time the enrollment form/Flex change in status form is submitted to the Benefits office. If the documentation is not readily available, please submit the enrollment/change form and follow-up with the documentation as soon as it becomes available. Your request will not be processed without the supporting documentation. If both parents are enrolled for benefits through the City, children may not be enrolled for coverage under both parents.

- Spouse if she/he is not also a benefits eligible City of Fort Lauderdale employee (Official marriage certificate). An ex-spouse is not eligible for coverage under your insurance.

- Domestic Partner (if she/he is not also a City of Fort Lauderdale employee eligible for benefits) as established by the City (Affidavit of Domestic Partnership).
- Your biological child, legally adopted child or child placed in the home for adoption in accordance with applicable state and federal (copy of official legal documents proving the status)
- Child(ren) of your domestic partner unless covered by a spouse/ domestic partner who also works for the City of Fort Lauderdale (copy of official birth certificate showing the domestic partner as the parent)
- Your child if permanently physically and/or mentally disabled may be covered indefinitely beyond the limiting age as long as acceptable proof of the disability is provided to the plans (the health plan will request medical proof of the disability).
- Court order for the specified dependent child or foster child placed in your home (copy of the executed court order)
- A grandchild up to age 18 months if born while your child is covered under the plan and the parent remains covered under the plan (copy of birth certificate)
- The Patient Protection and Affordable Care Act permits married or unmarried dependent children to be covered under the health plans to the age of 26. An unmarried dependent child may be covered for health insurance beyond age 26 to age 30, if the criteria established by Florida Statute are satisfied. Dependent children enrolled for dental coverage are eligible to the end of the year turning 25. Dependent children enrolled for vision coverage are covered to the end of the month in which they turn age 26.
- Your foster child if placed in your home prior to age 18 (proof of placement by the Department of Children and Families or the foster care program of a licensed agency).

#### What are the criteria for dependent children ages 26 - 30 to be eligible for group health coverage?

- Florida Statute Chapter 627.6562 stipulates that the child must be a) unmarried without any dependents, b) a resident of the state of Florida or a full time/part time student and c) is not provided coverage or is not a covered person under any other group health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.
- Employees enrolling a new dependent child age 26+ must provide supporting documentation that the child was continuously covered by other creditable coverage without a gap in coverage of more than 63 days.



## PRE-TAX PREMIUM/IMPUTED INCOME

### What is pre-tax premium?

Pre-tax premium is insurance contributions deducted from your paycheck before you pay any taxes. Premium contributions for health, dental, vision, supplemental life (up to \$50,000), Healthcare and Dependent Care FSAs are deducted through a Cafeteria Plan established under Internal Revenue Code Section 125 and the City's Flexible Benefits Plan document. Due to IRC Section 125 rules, mid-year pre-tax premium changes may only be processed if the employee satisfies a qualifying event as permitted by the IRC Section 125, and the City's Plan document, or exercises a HIPAA Special Enrollment Right and submits a timely request.

### Are premiums for adult children ages 26 - 30 and domestic partners/dependent children of domestic partners deducted pre-tax?

Generally, no. Premium attributable to dependent children ages 26 to 30 is deducted post-tax unless they meet the definition for tax qualified dependent under Internal Revenue Code Section 152. Premium attributable to domestic partners, and the children of domestic partners, is deducted post tax unless it is established that they are qualified tax dependents as defined by Section 152 of the Internal Revenue Code. To have premium payroll deducted pre-tax, the employee must also complete the Domestic Partner Certification of Dependent Status Form included under Forms on the Benefits web page.

### What is Imputed Income?

The Internal Revenue Code (IRC) allows employees to pay "tax free" health insurance subsidies for themselves and their eligible dependents as defined under IRC provisions but generally excludes the amount attributable to dependent children above age 26, domestic partners and children of domestic partners. The City does not subsidize premiums for Adult children ages 26-30.

## IRC SECTION 125 CHANGE IN STATUS QUALIFYING EVENTS

### What mid-year (outside of the annual open enrollment period) qualifying events allow me to add or delete dependents?

The health plans are governed by Internal Revenue Code Section 125 rules and the City's Flexible Benefits Plan document, which permits mid-year plan changes (example to add or delete dependents) only if certain qualifying events are experienced by the employee or dependent. Therefore, a participant may not revoke

any elections made, outside of the annual benefits open enrollment period, except as illustrated in the following qualifying events or HIPAA Special Enrollment Rights:

- A change in the participant's legal status including marriage, divorce, death of the participant's spouse, domestic partnership status (post-tax, unless a qualified tax dependent as defined by Section 152 of the Internal Revenue Code and the employee completes a Domestic Partner Certification of Dependent Status Form)
- A change in the number of dependents that the participant has for federal income tax purposes due to events such as birth, adoption, placement for adoption or death
- A termination or commencement of employment of the participant, spouse, domestic partner (post-tax unless a qualified tax dependent under Section 152 of the Internal Revenue Code) or dependent of the participant
- A reduction or increase in the hours of employment such as a switch between part-time and full-time, going on an approved unpaid leave of absence (LOA)/FMLA or returning from an approved LOA/FMLA.
- An event that causes the participant's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age
- A court order or judgment, decree or change in legal custody including a qualified medical child support order
- Entitlement to/or loss of Medicare eligibility
- Entitlement to Premium Assistance, or loss/gain of Medicaid/Children's Health Insurance Program (CHIP) eligibility (60 days allowed to exercise this HIPAA Special Enrollment Right)
- Differences in the open enrollment periods between the City and another employer affecting the participant's spouse or dependent
- Significant increases in plan costs
- Significant curtailment in plan benefits
- HIPAA Special Enrollment Rights. If an employee becomes eligible to exercise any HIPAA Special Enrollment Rights, he/she may change election for the balance of the plan year and file a new election which corresponds with the exercise of those rights. For more information on HIPAA Special Enrollment Rights, please click on the Cigna image on the Employee Benefits web page to review the certificates of coverage.



# FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

## **What is the consistency rule governing change in status requests?**

IRC Section 125 requires that any change in status requests processed must be consistent with the qualifying event. For example, if the employee gets a divorce, it would be a qualifying event to delete the ex-spouse but not to add existing dependent children who were not on the employee's plan. Another example is the event of a deceased spouse. It would be a qualifying event to delete the deceased spouse and add the existing dependents, if they were enrolled under the spouse's health plan, within 30 days from the date of death.

## **How do I make a change to my health/dental/vision/life plan outside of the annual open enrollment?**

To make a change in your health, dental or vision plan/life outside of the annual open enrollment, you must complete a Benefits Election Change Form and a Flex Change in Status Form and submit to Benefits no later than 30 days from the event (60 days for newborns/adoptions/ placement for adoption/entitlement or loss of Medicaid/CHIP). These forms may be downloaded from the City's Benefits web page or obtained from Benefits, HR. Do not delay submitting the completed forms while you gather the supporting documentation. Benefits must receive the completed forms within the specified timeframes. You must then follow-up with the supporting documentation as soon as it becomes available. The types of documentation required to support the change in status are identified on the Change in Status form. Changes between health plans are generally not allowed.

## **What is the timeframe for the Benefits Section to receive change in status requests due to qualifying events?**

Change in status requests, along with supporting documentation, must be received by Benefits, within 30 days of the event (60 days for newborns/adoptions/ placement for adoption/loss or gain of eligibility for Premium Assistance/Medicaid/CHIP). If the supporting documentation is not readily available, you must still submit the required paperwork in a timely manner and provide the documentation as soon as it becomes available. If the change in status request is not submitted in a timely manner, Benefits will not be able to process any applicable change in premium. If your dependent no longer qualifies as an eligible dependent according to plan rules, he/she will be removed from the plan(s).

## **When do requested changes become effective?**

Open enrollment changes become effective January 1 of the upcoming year (with the exception of life insurance increases which are effective subject to approval from Unum). Outside of the open enrollment period, changes generally become effective the first day of the month following Benefits receipt of the paperwork requesting the change (with the exception of newborns/adoptions or placement for adoption which become effective on the date of birth adoption or placement for adoption).

## **When do changes to add a newborn, adopted child or child placed for adoption become effective?**

Payroll changes to add a newborn/child adopted or placed for adoption are processed in accordance to Florida Statute 641.31(9). If the completed forms are received by Benefits within 31 days of birth, the premium is waived for the first 31 days from birth. If the completed forms are received after the first 31 days but within 60 days of the qualifying event, the new premium will be charged retroactively to the date of the qualifying event.

## **What if I submit a late request for a change in status qualifying event?**

If the request is received by Benefits beyond the required timeframes, the change will not be processed. If the request is to delete an ineligible dependent, you will be responsible financially for any claims incurred by that ineligible dependent but the premium changes, if applicable, will not be processed. Late requests to add new dependents will not be processed. You will need to make the change during the annual benefits open enrollment or if you exercise an allowable HIPAA Special Enrollment Right.

## **CANCELLATION**

### **May I cancel coverage outside the annual benefits open enrollment?**

Employees may request cancellation of coverage during the year as permitted by Florida Statute. However, for pre-tax benefits, if there is no IRC Section 125 qualifying event, pre-tax premium payroll deductions will continue through the end of the current plan year. If you opt-out or cancel your coverage you may not reapply (a) until the annual benefits open enrollment which takes place in the fall of each year or (b) if you may exercise a HIPAA Special Enrollment Right. Requests to cancel post-tax benefits during the year will be processed prospectively without a penalty. Applications to re-enroll for life insurance benefits are subject to evidence of insurability.





## BENEFICIARY DESIGNATIONS

### May I update my beneficiaries at any time?

Yes. If enrolled for life insurance, you are strongly encouraged to review your beneficiaries and update, if necessary, when you experience a change in status such as divorce, marriage, death or any other changes. You are also encouraged to list contingent beneficiaries in the event your beneficiary(ies) predeceases you. Simply download the form from the City's Benefits web page (under Forms), complete and drop off or mail to Employee Benefits.

### Where may I find information on life insurance benefits and provisions?

Review the Unum certificates of coverage on the Benefits Web page or contact Unum toll free at 1-800-445-0402.

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

### What is an HRA?

An HRA is an employer funded tax qualified spending account which may be used to pay for qualified health expenses such as deductibles and coinsurance for covered medical expenses and prescription drugs.

### Do all employees enrolled in the health plans have an HRA account funded by the City?

No. HRA funding is only available to employees/dependents enrolled for the Cigna Consumer Driven Health Plan (CDHP). Employee may not access funds remaining in the account, upon separation of employment since the account is not portable.

### How much HRA funding does the City provide for CDHP participants for the plan year?

- Employee only \$750
- Employee + one dependent \$1,000
- Employee + two or more dependents \$1,500
- Adult child \$750

### Is there a separate ID card for the HRA?

No. The Cigna ID card is presented to access the HRA funding?

### How do I keep track of the funds remaining in my HRA or obtain more information?

You may keep track of your HRA balance by reviewing Explanation of Benefits (EOB) statements received, by logging on to myCigna.

com, reviewing quarterly HRA statements received or by contacting Cigna's customer service 24/7 toll-free at 1-800-244-6224. You may also review the Cigna summary plan descriptions on the Benefits web page.

### May the funds in my HRA be rolled over to another calendar year?

Yes. However, it is subject to changes in IRS guidelines and City policy.

## GAP INSURANCE

### What is GAP Coverage and what company administers it?

- This benefit helps pay the out-of-pocket expenses an insured individual incurs due to injury or sickness. GAP coverage for enrolled children ends at age 26.
- Fidelity Security Life Insurance Company underwrites the product for Allstate.

### Must I enroll for GAP coverage if I enroll in CIGNA Health Plans?

No. It is an optional benefit.

### What types of health expenses may GAP coverage be used for?

Expenses include a) hospital confinement due to injury or illness, b) medically necessary outpatient treatment of an injury or sickness, c) outpatient benefits including treatment under the regular care of a physician at a hospital, d) expenses at a physician's office (except those expenses allocated as a physician's office visit expense), e) outpatient surgical or emergency or diagnostic testing facility or similar facility licensed to provide out-patient treatment. Benefits are limited to the difference between the benefit paid by your major medical plan and actual out-patient expenses incurred.

### What are the maximum GAP limits for the CIGNA plans?

- CDHP- \$4,000 Hospital confinement and \$2,000 Outpatient benefit
- HMOs- \$2,500 Hospital confinement and \$1,250 Outpatient benefit



# FREQUENTLY ASKED QUESTIONS (FAQS)

City of FORT LAUDERDALE

## **If I enroll for GAP coverage, will I receive a separate ID card, in addition to the Cigna ID card?**

Yes. The card will be from SIS.

## **Upon accessing health expenses, must I present the GAP ID card along with my Cigna ID card?**

Yes. By submitting both cards at the same time it may eliminate the need to file a separate claim. For example, if you are enrolled in either of the CIGNA HMO type plans, you are responsible for a \$200 copayment for an MRI at a participating outpatient diagnostic facility. If you enrolled for the GAP coverage, just present your Cigna ID card along with the GAP card and the \$200 copay will be deducted from your GAP balance (providing the funds were not depleted prior to this visit).

## **COBRA**

### **What is COBRA?**

- COBRA is the federal law which requires most group health plans, including Healthcare Flex Spending Accounts, to give employees, and their covered dependents, “qualified beneficiaries” the opportunity to continue their group health benefits when there is a “qualifying event” (such as termination of employment, retirement, divorce, death of employee etc.) which would result in a loss of coverage under an employer’s plan. Continuation coverage for each qualified beneficiary must be the identical coverage that the plan offers to active employees and covered dependents. COBRA rights may be exercised independently for each qualified beneficiary.
- The employee or family member must provide written notice to Employee Benefits, within 60 days of the event, when a covered spouse loses eligibility due to divorce or a dependent child loses eligibility. The City extends a COBRA-like continuation of coverage option to domestic partners and their dependents who lose eligibility for group benefits.
- The law specifies the time frames within which qualified beneficiaries must be notified, allowed to elect continuation coverage and make payments. The cost to qualified beneficiaries may not exceed 102% of the premium equivalent cost of insurance for the active group.

## **How will I and my qualified beneficiaries be notified of my COBRA rights?**

The City has contracted with a Third Party Administrator (TPA), currently P&A Group, to administer the COBRA provisions, provide notification within the time frames specified by the federal law and to perform the accounts receivable functions for qualified beneficiaries who elect continuation. The City provides the TPA with information pertaining to new enrollees and employees losing group coverage due to termination of employment and other known qualifying events

## **Where may I obtain more information on COBRA?**

Check out the P&A Group posting on the Benefits web page or contact the City’s COBRA Administrator, P&A Group at 1-800-688-2611.

## **APPROVED UNPAID LEAVES OF ABSENCE (LOA)/FMLA**

### **How do I maintain my group benefits while on unpaid leave and FMLA?**

Going on an approved unpaid LOA or FMLA leave is considered a qualifying event which allows you to make changes to your coverage consistent with the event. For example, you may delete dependents or cancel coverage within 30 days of being in an unpaid LOA or FMLA leave. Since you will not receive a paycheck while on unpaid leave, the premiums to cover your plan elections cannot be payroll deducted. You must take steps to ensure there is no disruption in your coverage. Before you miss your first pay check, please contact Benefits for instructions on how much to pay, the frequency of payments and other pertinent information.



## **2015 IMPORTANT NOTICE FROM THE CITY OF FORT LAUDERDALE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE TO ACTIVE EMPLOYEES, RETIREES AND DEPENDENTS PARTICIPATING IN THE FOLLOWING CITY-SPONSORED HEALTH PLANS:**

### **Cigna Open Access Plus In-Network 1 (OAPIN1 aka HMO1) and Cigna Open Access Plus In-Network 2 (OAPIN2 aka HMO2) and Cigna Consumer Driven Health Plan (CDHP)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Fort Lauderdale and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium
2. The City of Fort Lauderdale has determined that the prescription drug coverage under OAPI1, OAPI2, and CDHP are on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current City of Fort Lauderdale coverage will not be affected. Coverage under the City's plan will be primary.

For those individuals who elect Part D coverage and elect to drop coverage under the City of Fort Lauderdale's plan, coverage will end for the individual and all covered dependents, etc.. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

Your current City of Fort Lauderdale coverage pays for other health expenses, in addition to prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current City of Fort Lauderdale health plan, which includes prescription drug benefits, please be aware that you (if actively employed) and your dependents may not be able to get this coverage back until the next annual benefits open enrollment period with an upcoming effective date of January 1. Retirees who drop their current City of Fort Lauderdale plan, which includes prescription drug coverage, must be aware that they will not be able to get this coverage back at a later date.



# PRESCRIPTION COVERAGE AND MEDICARE

City of FORT LAUDERDALE

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Fort Lauderdale and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the office, listed below, for further information and refer to the certificates of coverage, issued by the prescription drug provider. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Fort Lauderdale changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" hand book for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 1-800-772-1213 (TTY 1-800-325-0778).

<b>Date:</b>	<b>October 13, 2014</b>
<b>Name of Entity/Sender:</b>	<b>City of Fort Lauderdale</b>
<b>Contact-Position/Office:</b>	<b>Benefits, Human Resources</b>
<b>Address:</b>	<b>100 North Andrews Avenue, 3rd Floor Fort Lauderdale, FL 33301</b>
<b>Phone Number:</b>	<b>954-828-5160</b>





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact BENEFITS SECTION, HR.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF FORT LAUDERDALE		4. Employer Identification Number (EIN)	
5. Employer address 100 N. ANDREWS AVENUE		6. Employer phone number 954-828-5160	
7. City FORT LAUDERDALE	8. State FL	9. ZIP code 33301	
10. Who can we contact about employee health coverage at this job? EMPLOYEE BENEFITS MANAGER			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

All full-time employees and part-time employees who satisfy the criteria under the PPACA.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouses, domestic partners, dependent children of employees up to age 26 and those who satisfy the guidelines under Florida Statue (FS627.6562)

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## **CITY OF FORT LAUDERDALE NOTICE REGARDING COLLECTION, USE, AND DISCLOSURE OF SOCIAL SECURITY NUMBERS**

- The collection of social security numbers by the City of Fort Lauderdale (“City”) is either specifically authorized by law or imperative for the performance of the City’s duties and responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or disclosed, the relevant legal authority, and whether collection of the social security number for the stated purpose is mandatory or authorized.
- For employment eligibility, reports to the Internal Revenue Service, and income tax withholding, including for W-2’s, W-4’s, and I-9’s. [Collection mandated by 26 U.S.C. §6051, 26 C.F.R. §31.6011(b)-2, 26 U.S.C. §3402, 26 C.F.R. §31.3402(f)(2)-1, 31 C.F.R. §31.3402(f)(5)-1, 8 U.S.C. §1324a, 8 C.F.R. §274a.2, 26 C.F.R. §31.6051-1, and 26 C.F.R. §301.6109-1. Disclosure: 26 U.S.C. §6051, 26 C.F.R. §6051-1, §119.071(5)(a)6, Fla. Stat.];
- For reports to the Social Security Administration. [Disclosure: 26 C.F.R. §31.6051-2, §119.071(5)(a)6, Fla. Stat.];
- For administration of the City’s health benefits, pension fund, deferred compensation plan, and defined contribution plan, [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For income deduction notices for child support, alimony, and child support enforcement. [Collection authorized by §§61.1301(2)(e) and 61.13, Fla. Stat. Disclosure: 42 U.S.C. §653a(b), §119.071(5)(a)6, Fla. Stat.];
- For unemployment compensation benefits. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- For reports of worker’s compensation injury or death. [Disclosure: §§440.185, and 119.071(5)(a)6, Fla. Stat.];
- For worker’s compensation petitions for benefits and responses. [Collection authorized by §60Q-6.103, Florida Administrative Code. Disclosure: §60Q-6.103, Florida Administrative Code, and §119.071(5)(a)6, Fla. Stat.];
- For notices of tort claim. [Collection mandated by §768.28(6), Fla. Stat.];
- For verification of identity, background investigations and criminal history checks. [Disclosure: §119.071(5)(a)6, Fla. Stat.];
- The social security number may be disclosed to facilitate the direct deposit of funds to a payee’s account. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if it is expressly required by federal or state law or a court order. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the individual expressly consents in writing to the disclosure of his or her social security number. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is necessary for the City to perform its duties and responsibilities. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224. [§119.071(5)(a)6, Fla. Stat.]
- The social security number may be disclosed if the disclosure is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5). [§119.071(5)(a)6, Fla. Stat.]



# City of FORT LAUDERDALE

**Benefits • Risk Management Division • Human Resources**

City Hall • 100 N. Andrews Avenue • Fort Lauderdale, FL 33301

(954) 828-5160 • [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits) • [healthyliving@fortlauderdale.gov](mailto:healthyliving@fortlauderdale.gov)

## BENEFITS DIRECTORY

### HEALTHCARE / VISION

• CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-244-6224
• Personal CIGNA Web Portal	<a href="http://www.mycigna.com">www.mycigna.com</a>	
• Employee Assistance Program (EAP)	24/7-954-776-7992	
• CIGNA Wellness Program	<a href="http://www.fortlauderdale.gov/benefits">www.fortlauderdale.gov/benefits</a> - then select the CIGNA Wellness site	
• Blossom Paravattil, CIGNA Onsite Wellness Coordinator		954-652-1306 1-860-847-5126
• Allstate GAP Insurance	<a href="http://www.myallstatefinancial.com">www.myallstatefinancial.com</a>	1-800-767-6811
• United Healthcare Vision	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>	1-800-638-3120 Fax: 1-248-733-6060

### CITY HEALTH AND WELLNESS CENTER

• Operated by Marathon Health	<a href="http://www.marathon-health.com/MyPhr/login">www.marathon-health.com/MyPhr/login</a>	1-754-206-2420 Fax: 954-867-5583
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### LIFE INSURANCE

• UNUM Life Insurance	<a href="http://www.unum.com">www.unum.com</a>	1-800-445-0402 Fax: 1-800-447-2498
• Allstate Permanent Life	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	954-646-8039 Fax: 954-281-5884

### INCOME PROTECTION (disability, cancer, accident, critical illness, long-term care, Universal Life)

• Aflac	<a href="http://www.aflac.com">www.aflac.com</a>	1-800-462-3522
• Allstate	<a href="http://www.allstateatwork.com">www.allstateatwork.com</a>	1-800-521-3535
• LifeSecure	<a href="http://www.yourlifecure.com">www.yourlifecure.com</a>	1-866-582-7702

### IRC , FSA ADMINISTRATOR

• Health Care Spending	<a href="http://www.padmin.com">www.padmin.com</a>	
• Dependent Care Spending	<a href="http://www.padmin.com">www.padmin.com</a>	1-800-688-2611

### DENTAL

• Humana Dental	<a href="http://www.humanadental.com">www.humanadental.com</a>	1-800-233-4013
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### LEGAL SERVICES

• U.S. Legal	<a href="http://www.uslprotects.com">www.uslprotects.com</a>	1-800-356-5297 Fax: 904-730-0023
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### FLORIDA PRE-PAID COLLEGE TUITION

• Florida Pre-Paid College Tuition	<a href="http://www.myfloridaprepaid.com">www.myfloridaprepaid.com</a>	1-800-552-4723 Fax: 1-850-309-1766
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### DEFERRED COMPENSATION / LOANS

• ICMA-RC	<a href="http://www.icmarc.org/">http://www.icmarc.org/</a>	1-800-669-7400
• Nationwide	<a href="http://www.nrsforu.com">www.nrsforu.com</a>	1-877-677-3678
• BMG Loans at Work	<a href="http://www.loansatwork.com/">http://www.loansatwork.com/</a>	1-800-316-8507

To request this publication in an alternate format, please call (954) 828-4755 or email [webmaster@fortlauderdale.gov](mailto:webmaster@fortlauderdale.gov).